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CONFIRMATION NO. 4816

Bib Data Sheet

SERIAL NUMBER 10/767,033	FILING DATE 01/29/2004 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. 4018M
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## APPLICANTS

*at*

Bill Artzberger, Bloomfield Hills, MI;

*at*

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/443,468 01/30/2003

*at*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/14/2004

*at*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Alison J. Thompson</i> <i>at</i> Examiner's Signature Initials	MI	3	8	1

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## TITLE

Combination eye and ear protection apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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